

4652

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Anne Arundel	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR			
TOWN Cullen		348 days		TOWN Annapolis			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital				STREET ADDRESS (If rural give location) 1133 East Port Terrace,			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year)			
Bernard Hassell Ball				OF DEATH: May 17, 1955			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
Male	White	Married	March 27, 1916	39 yrs.	Months	Days	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
Laborer		Laborer		Virginia		U. S. A.	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
James Ball				Lillie Stillwell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:			
No		223-12-4806		Bernard Hassell Ball, 1133 East Port Terrace, Annapolis, Md.			
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
420.1 IMMEDIATE CAUSE (A) Acute coronary occlusion							few minutes
ANTECEDENT CAUSE (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
002X (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
Pulmonary Tuberculosis							4 years.
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
0							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 3, 1954, to May 17, 1955, that I last saw the deceased alive on May 17, 1955, and that death occurred at 11:20 P.M. from the causes and on the date stated above.							
SIGNATURE		M.D.		ADDRESS		DATE SIGNED	
		Cullen, Md.				May 20, 1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		5-21-55		Cedar Bluff		Annapolis, Md.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
5/19/55				J.M. Taylor Sons, 147 Gloucester St.		Annapolis, Md.	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 23 1955

BUREAU V. S.

RESERV

BUREAU V. S.

MAY 23 1955

RECEIVED

## 4633a - CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Md.	COUNTY
CITY (If outside corporate limits, write RURAL OR and give nearest town) 11 TOWN Frederick	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL OR TOWN Arlington	83X-3
HOSPITAL OR INSTITUTION OR STREET ADDRESS 70 507 Biggs Ave.		STREET ADDRESS (If rural give location) 3125 S. Stafford St.	✓
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) ISAAC	(Middle) N.	(Last) Beall	(Month) May (Day) 16 (Year) 19 55
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: 5/31/1896
9. AGE last birthday: 58 yrs.		10. UNDER 1 YEAR 11. UNDER 24 HRS.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired. Chemical Engineer		10b. KIND OF BUSINESS OR INDUSTRY: -	
11. BIRTHPLACE (State or foreign country): Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: James Beall		14. MOTHER'S MAIDEN NAME: - Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 2 yes ✓		16. SOCIAL SECURITY No.: 1	
17. INFORMANT & ADDRESS: Arlington, Va. Mrs. Ruth Rudasill Beall-3125 S. Stafford St.			

18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Interval Between Onset And Death
420.1 Immediate cause (a) Acute pulmonary edema	20 min.
Antecedent cause(s) (b) Coronary occlusion	6 weeks
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c)	

11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION: 0	19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>
HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 5/16, 1955, to 5/16, 1955, that I last saw the deceased alive on 5/16, 1955, and that death occurred at 2:45 AM DST, from the causes and on the date stated above.

SIGNATURE (Degree or title) Cameron B. Thomas, M.D.		DATE SIGNED 5/16/55	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE THEREOF 5/19/55	NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	LOCATION (City, town, or county) Woodlawn, Md.
DATE REC'D BY LOCAL REGISTRAR 5-17-55	REGISTRAR'S SIGNATURE A. W. Redmond	24. FUNERAL DIRECTOR J. J. Dickner & Sons	ADDRESS Balto. 17 Md.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

4653

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

04628

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Adamstown		LENGTH OF STAY In this place 12 years		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Adamstown		STREET ADDRESS (If rural, give location) /	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00		3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH		5. AGE last birthday	
		(First) THEODERIC		(Month) May		(Day) 18,	
		(Middle) NATHANIEL		(Year) 19		55	
		(Last) BEACH		6. DATE OF BIRTH		7. AGE last birthday	
				2 March 1879		76 yrs.	
5. SEX Male		6. COLOR OR RACE White		8. DATE OF BIRTH		9. AGE last birthday	
				2 March 1879		76 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY USA	
13. FATHER'S NAME Silas W. Beach				14. MOTHER'S MAIDEN NAME Virginia Spinks			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY No. 226-16-4642		17. INFORMANT AND ADDRESS Mrs. George Potts, Adamstown, Maryland	

## 18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause 420.1 Myocardial infarction		
(b) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last Generalized arterio-sclerosis		
(c) Angina pectoris		1/2 hour
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		?
19a. DATE OF OPERATION		1 year (?)

19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, or office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Charles A. Conley, M. D. Assistant Deputy Examiner, Frederick, Md.

20 May 1955  
18 May 1955

23. BURIAL, CREMATION, or other disposal (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county)		(State)	
Burial		21 May 1955		Bethel Methodist Cemetery		Near Lucketts, Virginia			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS			
21 May 1955		Elizabeth B. Hecks		M. R. Etchison & Son, Frederick, Maryland					

RECEIVED

MAY 24 1955

BUREAU V. S.



## CERTIFICATE OF DEATH

Reg. Dist. No. 131

Item 8, Film G182 6-1-55 et

## I. PLACE OF DEATH:

COUNTY Frederick MARYLAND  
 CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick  
 LENGTH OF STAY (in this place) 3 yrs.  
 HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Lincoln Apts.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Fred.  
 CITY (If outside corporate limits, write RURAL and give nearest town) Frederick  
 STREET ADDRESS (If rural give location) 74 Lincoln Apts.

## 3. NAME OF DECEASED:

(First)

(Middle)

(Last)

(Type or Print)

Lillian Elizabeth Blackstone

## 4. DATE OF DEATH:

(Month)

(Day)

(Year)

May 15 19 55

## 5. SEX:

## 6. COLOR OR RACE:

## 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

## 8. DATE OF BIRTH:

## 9. AGE last birthday:

IF UNDER 1 YEAR IF UNDER 24 HRS.

Female

Colored

Married

July 13, 1886

69

yrs.

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired.

## 10b. KIND OF BUSINESS OR INDUSTRY:

## 11. BIRTHPLACE (State or foreign country):

## 12. CITIZEN OF WHAT COUNTRY?

Machine Operator, Corn Factory

Frederick, Co.

## 13. FATHER'S NAME:

Unknown

## 14. MOTHER'S MAIDEN NAME:

Unknown

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

No

(If Yes, give war or dates of service)

## 16. SOCIAL SECURITY No.:

219-05-5000

## 17. INFORMANT &amp; ADDRESS:

William Blackstone 100 Carver Apts. Fred. Md.

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

DUE TO

Antecedent causes (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION:

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☐

## 21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1953, to May 15, 1955, that I last saw the deceased alive on May 12, 1955, and that death occurred at 12:30 AM, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

## 23. BURIAL, CREMATION, REMOVAL (Specify)

## DATE THEREOF

## NAME OF CEMETERY OR CREMATORY

## LOCATION (City, town, or county)

(State)

Burial

5-17-55

St. Pauls

Della-Md. Fred. Co.

DATE REC'D BY LOCAL REGISTRAR

## REGISTRAR'S SIGNATURE

## 24. FUNERAL DIRECTOR

ADDRESS

16 May 1955

Elizabeth B. Heib.

Charles E. Hicks III Fred. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAY 17 1955

RECEIVED



4635

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04651

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>FREDERICK</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MARYLAND</u> COUNTY <u>FREDERICK</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>FREDERICK</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>FREDERICK</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>344 E. THIRD ST</u>		STREET ADDRESS (If rural, give location) <u>344 E. THIRD ST</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>WILLIAM LUTHER COMER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 18 1955</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>4-4-1875</u>
9. AGE last birthday <u>80</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>PENNA</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED R.R. CONDUCTOR PA. RAILROAD</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>SAMUEL COMER</u>		14. MOTHER'S MAIDEN NAME <u>ELLEN COX</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>9</u>		16. SOCIAL SECURITY NO. <u>716-12-3613</u>	
17. INFORMANT AND ADDRESS (DAUGHTER) <u>MD</u> <u>MRS LUCIAN K FALCONER NEW MARKET</u>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
420.0 Immediate cause		(a) <u>Arterio-Sclerotic Heart Disease</u> 5 yrs. (?)	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(b) <u>Stokes-Adams Syndrome</u> 5 yrs.	
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Macrocytic Anemia</u> 2 years.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7/27</u> , 19 <u>54</u> , to <u>18 May</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>13 May</u> , 19 <u>55</u> , and that death occurred at <u>1:30 A.</u> m., from the causes and on the date stated above.			
SIGNATURE <u>Charles H. Conley Jr. M.D.</u>		ADDRESS <u>Fredrick, Md.</u>	
DATE SIGNED <u>18 May 1955</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>RURAL</u>		DATE THEREOF <u>MAY 21-1955</u>	
NAME OF CEMETERY OR CREMATORY <u>MT OLIVET CEMETERY</u>		LOCATION (City, town, or county) (State) <u>FREDERICK MD</u>	
DATE REC'D BY LOCAL REG. <u>May 20-1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Heath</u>	
24. FUNERAL DIRECTOR <u>W.E. Falconer</u>		ADDRESS <u>New Market Md</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 26 1955

BUREAU V. S.

04632

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
4636 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) Years		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>4 Frederick Avenue</u>				STREET ADDRESS (If rural give location) <u>4 Frederick Avenue</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>RAYMOND HEDGES CRUM</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>May 20, 1955</u>			
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. <del>SINGLE</del> MARRIED: <u>Married</u>	8. DATE OF BIRTH: <u>April 23, 1909</u>	9. AGE last birthday: <u>46</u> yrs	IF UNDER 1 YEAR Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Instrument Maker</u>			10B. KIND OF BUSINESS OR INDUSTRY: <u>Camp Detrick</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME: <u>George C. Crum</u>				14. MOTHER'S MAIDEN NAME: <u>Jennie Martz</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>357-18-9173</u>		17. INFORMANT & ADDRESS: <u>4 Frederick Avenue, Mrs. Elizabeth F. Crum, Frederick, Maryland</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Carcinoma of the</u>						<u>6 months</u>	
ANTECEDENT CAUSE (B) <u>Squamous cell Ca of urinary bladder</u>						<u>5 months</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>Jan 16, 1955</u>		19B. MAJOR FINDINGS OF OPERATION <u>Carcinoma of urinary bladder</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 1, 1955</u> , to <u>May 20, 1955</u> , that I last saw the deceased alive on <u>May 20, 1955</u> , and that death occurred at <u>10:00 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>J. R. Schoolman M.D.</u>				ADDRESS <u>Frederick, Maryland</u>		DATE SIGNED <u>5/21/1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>May 23, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>23 May 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>		24. FUNERAL DIRECTOR ADDRESS <u>M. R. Etchison &amp; Son, Frederick, Maryland</u>			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAY 24 1955

RECEIVED

## CERTIFICATE OF DEATH

Reg. Dist. No. 34

4654

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR			
TOWN Rural Emmitsburg,		2 yrs.		TOWN Rural Emmitsburg, Md. X			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS			
Taneytown, R.D.#2				Taneytown, R.D.# 2			
3. NAME OF DECEASED: (First) (Middle) (Last)		4. DATE OF DEATH: (Month) (Day) (Year)		5. SEX:		6. COLOR OR RACE:	
Ruby Ann Dalton		May 7, 1955		Female		White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		8. DATE OF BIRTH:		9. AGE last birthday:		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	
Widowed		Feb. 25, 1892		63 yrs.		Housewife	
11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
Scott County, Va.		U.S.A.		Jack Fraley		Mattie Holmes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.):		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:		18. MEDICAL CERTIFICATION	
No		None		Alphonse P. Bell		Taneytown, Md. R.D.#2	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:				INTERVAL BETWEEN ONSET AND DEATH			
443X Immediate cause				3 days			
(a) Terminal Broncho Pneumonia				1 week			
Antecedent cause(s)				Several years			
(b) Congestive myocardial failure							
(c) Hypertensive cardiac vascular disease							
19. DATE OF OPERATION:				20. AUTOPSY?			
1955				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY)	
HOMICIDE		INJURY					
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED		HOW DID INJURY OCCUR?			
OF INJURY		While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from Jan 1950, to May 7 55, that I last saw the deceased alive on May 6, 1955, and that death occurred at 5:34 a.m. from the causes and on the date stated above.							
SIGNATURE		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
W.R. Cadle MD		May 10, 1955		Fairfield Union		Fairfield, Adams Co. Pa.	
23. BURIAL, CREMATION REMOVAL (Specify):		DATE RECD BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS	
Burial		May 9-1955		M. F. Shuff		S. L. Allison	
						Fairfield, Pa.	

MARGIN RESERVED FOR BINDING

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DOCUMENT 1

JULY 12 1955

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4655

## CERTIFICATE OF DEATH

Reg. Dist. No. 04634 738

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN Frederick-Rural RD#6		4 years		TOWN Frederick-Rural RD#6			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Haughs Shop Road, near Pearl				STREET ADDRESS (If rural give location) Haughs Shop Road, near Pearl			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year) OF DEATH:			
EDNA MAY DAMUTH				May 10, 1955			
5. SEX: Female		6. COLOR OR RACE: White		7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify): Married		8. DATE OF BIRTH: 4 April 1909	
				9 AGE last birthday: 46 yrs.		10 IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer				10B. KIND OF BUSINESS OR INDUSTRY: Leather Factory		11. BIRTHPLACE (State or foreign country): Maryland	
12. CITIZEN OF WHAT COUNTRY? U S A							
13. FATHER'S NAME: Thomas S. Nusbaum				14. MOTHER'S MAIDEN NAME: Ella Rippeon			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 218-24-9563		17. INFORMANT & ADDRESS: Howard F. Damuth, RD#6, Frederick, Md.	
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH			
157X IMMEDIATE CAUSE				(A) Carcinoma of body of pancreas with metastases to regional lymph nodes & myocardium.			
ANTECEDENT CAUSE (S)				(B) Hydropneumothorax, right.			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION.				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-15, 1955, to 5-10, 1955, that I last saw the deceased alive on 5-10, 1955, and that death occurred at 8:45A M, from the causes and on the date stated above.							
SIGNATURE Rex R. Martin				ADDRESS M. D. Frederick, Maryland		DATE SIGNED 10 May 1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		13 May 1955		Pleasant Hill Cemetery		Monrovia, Maryland	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
13 May 1955		Lucian K. Falconer		M. R. Etchison & Son, Frederick, Md.			



BURRILL V. S.

MAY 19 1901

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4637 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
Item 18 Film G182 6-22-55

04635

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL or and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>Years</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>211 Rockwell Terrace</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>MARIE</u> <u>HAMMOND</u> <u>DAVIS</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>May</u> <u>31</u> , 19 <u>55</u>			
5. SEX: <u>Female</u>		6. COLOR OR RACE: <u>White</u>		7. <u>SINGLE</u> MARRIED, <u>WIDOWED</u> , <u>DIVORCED</u> (Specify): <u>Married</u>		8. DATE OF BIRTH: <u>November 27, 1896</u>	
9. AGE last birthday: <u>58</u> yrs		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housework</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Dr. Robert L. Hammond</u>				14. MOTHER'S MAIDEN NAME: <u>Fannie Gilbert</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS: <u>211 Rockwell Terrace, Dr. Bernard M. Davis Sr., Frederick, Md.</u>	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						2 mos.	
IMMEDIATE CAUSE (A) <u>Hemochromatosis</u>							
DUE TO							
ANTECEDENT CAUSE (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST.							
DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Hemolytic Anaemia (Acquired)</u>						25 years	
19A. DATE OF OPERATION: <u>Jan 21, 1955</u>		19B. MAJOR FINDINGS OF OPERATION: <u>Splenomegaly (Compatible with Hemolytic Anaemia)</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 29, 1955</u> , to <u>May 31, 1955</u> , that I last saw the deceased alive on <u>May 31, 1955</u> , and that death occurred at <u>9:30 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>A. A. Pearce</u>		M. D. <u>Frederick, Maryland</u>		DATE SIGNED <u>5/31/1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>June 2, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>31 May 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth S. Hersh</u>		24. FUNERAL DIRECTOR <u>M. R. Etchison &amp; Son, Frederick, Maryland</u>		ADDRESS	

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4638

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

Reg. Dist. No.

04636

13

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <b>Frederick</b>		MARYLAND		STATE <b>Maryland</b>		COUNTY <b>Frederick</b>	
CITY (If outside corporate limits, write OR and give nearest town) <b>TOWN Frederick</b>		RURAL LENGTH OF STAY (in this place) <b>Life long</b>		CITY (If outside corporate limits, write RURAL and give nearest town) <b>TOWN Frederick</b>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>530 Mary Street</b>				STREET ADDRESS (If rural give location) <b>530 Mary Street</b>			
3. NAME OF DECEASED: (First) <b>Etta</b> (Middle) <b>Gertrude</b> (Last) <b>Derr</b>		4. DATE OF DEATH: (Month) <b>May</b> (Day) <b>28</b> (Year) <b>1955</b>					
5. SEX: <b>Female</b>	6. COLOR OR RACE: <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <b>Divorced</b>	8. DATE OF BIRTH: <b>May 20-1868</b>	9. AGE last birthday: <b>87</b> yrs.	10. IF UNDER 1 YEAR: Months Days Hours Min.	11. IF UNDER 24 HRS: Months Days Hours Min.	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY: <b>Own Home</b>		11. BIRTHPLACE (State or foreign country): <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY: <b>USA</b>	
13. FATHER'S NAME: <b>Luther C. Derr</b>				14. MOTHER'S MAIDEN NAME: <b>Victoria Fraley</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <b>No</b>		16. SOCIAL SECURITY No.: <b>None</b>		17. INFORMANT & ADDRESS: <b>Mrs. Wm. Fleming-530 Mary St. Frederick-Md.</b>			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
482.0 Immediate cause (a) <b>Congestive Heart Failure</b>						3 months	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) <b>Arteriosclerotic Heart Disease</b>						3 years	
(c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
SUICIDE		OF INJURY					
HOMICIDE							
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>June 1953</b> , to <b>28 May 1955</b> , that I last saw the deceased alive on <b>28 May 1955</b> , and that death occurred at <b>7:30 P.M.</b> , from the causes and on the date stated above.							
SIGNATURE <b>Theresa E. Blum</b>				DATE SIGNED <b>4 W 3rd St 5-31-55</b>			
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<b>Burial</b>		<b>May 31-1955</b>		<b>Mt. Olivet Cemetery</b>		<b>Frederick- Maryland</b>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<b>31 May 1955</b>		<b>Elizabeth L. Hech</b>		<b>C.E. Cline and Son-Frederick-Md.</b>			

המחלקה הכלכלית



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04637

4656

## CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick MARYLAND				STATE Maryland COUNTY Frederick			
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Emmitsburg, Md.				CITY (If outside corporate limits, write RURAL and give nearest town) Emmitsburg, Md.			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00				STREET ADDRESS (If rural give location) 1			
3. NAME OF DECEASED:		(First) Raymond		(Middle) Daniel		(Last) Eyler	
(Type or Print)							
5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single		8. DATE OF BIRTH: April 29, 1903	
						9. AGE last birthday: 52 yrs.	
						10. DATE OF DEATH: May 17, 1955	
						11. BIRTHPLACE (State or foreign country): Emmitsburg, Md.	
						12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Labor				10b. KIND OF BUSINESS OR INDUSTRY: General labor			
13. FATHER'S NAME: Joseph F.J. Eyler Sr.				14. MOTHER'S MAIDEN NAME: Jennie Linn Tressler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No				16. SOCIAL SECURITY No.			
(If Yes, give war or dates of service)				17. INFORMANT & ADDRESS: Harro E. Tressler Baltimore, Md.			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
322.2 Immediate cause (a) Cirrhosis of Liver							
Antecedent causes (s) (b) Alcoholism							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING THE UNDERLYING CAUSE LAST. (c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION							
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. 26, 1955, to March 25, 1955, that I last saw the deceased alive on March 25, 1955, and that death occurred at 6:30 PM EST, from the causes and on the date stated above.							
SIGNATURE		(Degree or title)		ADDRESS		DATE SIGNED	
Charles R. Williams MD				Emmitsburg Md.		May 17, 1955	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		May 21, 1955		Mt. View		Emmitsburg, Frederick Co. Md.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
May 20 - 1955		M. T. Shuff		S. L. Allison		Emmitsburg, Md.	

BUREAU V. S.

MAY 24 1955

RECEIVED



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# 4657 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

Reg. Dist. No. 04638

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Prince Georges</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN			
<u>X</u> TOWN <u>Cullen</u>		<u>1670</u> days		TOWN <u>Berwyn</u>		<u>10 X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Victor Cullen State Hospital</u>				STREET ADDRESS (If rural give location) <u>Canary Cottages</u> ✓			
3. NAME OF DECEASED: (Type or Print)		(First) <u>John</u>		(Middle) <u>A.</u>		(Last) <u>Fischer</u>	
4. DATE OF DEATH: (Month) <u>May</u> (Day) <u>16</u> (Year) <u>1955</u>							
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>widower</u>		8. DATE OF BIRTH: <u>Sept. 15, 1890</u>	
9. AGE last birthday <u>64</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Laborer</u>		11. BIRTHPLACE (State or foreign country): <u>Philadelphia, Penna.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME: <u>Clemens Fischer</u>				14. MOTHER'S MAIDEN NAME: <u>Barbara Myers</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>Yes</u> (If Yes, give war or dates of service) <u>W. W. I 1917-1919</u>				16. MEDICAL CERTIFICATION			
19. SOCIAL SECURITY NO. <u>191-18-8376</u>				17. INFORMANT & ADDRESS: <u>John A. Fischer, Berwyn, Maryland</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) <u>Pulmonary Tuberculosis</u>						<u>5 years.</u>	
ANTECEDENT CAUSE (B) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>0</u>				19B. MAJOR FINDINGS OF OPERATION			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)			
21C. WHERE DID (City or town) (County) (State)				21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> M.				21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct. 19, 1950</u> to <u>May 16, 1955</u> , that I last saw the deceased alive on <u>May 16, 1955</u> , and that death occurred at <u>11:15 M.</u> from the causes and on the date stated above.							
SIGNATURE <u>J. B. Lys</u>				DATE SIGNED <u>May 17, 1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>				DATE THEREOF <u>5-19-55</u>			
NAME OF CEMETERY OR CREMATORY <u>National</u>				LOCATION (City, town, or county) (State) <u>Arlington, Va.</u>			
DATE REC'D BY LOCAL REGISTRAR <u>5/17/55</u>				24. FUNERAL DIRECTOR ADDRESS <u>Walter Y. Grove- Waynesboro, Pa.</u>			

RECEIVED  
MAY 15 1965  
BUREAU V. 3

4658

## CERTIFICATE OF DEATH

04639  
Reg. Dist. No. 134

## 1. PLACE OF DEATH:

COUNTY Frederick MARYLAND  
CITY (If outside corporate limits, write RURAL, LENGTH OF STAY OR and give nearest town) (in this place)  
☒ TOWN Emmitsburg, 20 yrs.  
HOSPITAL OR INSTITUTION OR STREET ADDRESS

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick  
CITY (If outside corporate limits, write RURAL, and give nearest town) OR  
TOWN Emmitsburg, ☒  
STREET ADDRESS (If rural give location) /

## 3. NAME OF DECEASED:

(First)

(Middle)

(Last)

AgnesTaylorGarner

## 4. DATE OF DEATH:

(Month)

(Day)

(Year)

May1,1955

## 5. SEX:

## 6. COLOR OR RACE:

## 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

## 8. DATE OF BIRTH:

## 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.

Female

White

Widowed

April 21, 1889

66

yrs.

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY:

Own Home

## 11. BIRTHPLACE (State or foreign country):

Frederick County, Md.

## 12. CITIZEN OF WHAT COUNTRY?

U.S.A.

## 13. FATHER'S NAME:

John K. Taylor

## 14. MOTHER'S MAIDEN NAME:

Mary T. Click

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

No

## 16. SOCIAL SECURITY No.:

None

## 17. INFORMANT &amp; ADDRESS:

William A. Sumner Arlington Va.

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416X  
Immediate cause

(a) Coronary embolism

Interval Between Onset And Death

1 hour

Antecedent causes (s)  
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Rheumatic cardio vascular disease, several years with fibrillation

(c)

## 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION:

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☒

## 21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)  
OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)  
OF INJURY

INJURY OCCURRED  
While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 50 to May 55, that I last saw the deceased alive on May 3, 1955, and that death occurred at 2 PM, from the causes and on the date stated above.  
SIGNATURE W. R. Vadebon ADDRESS Emmitsburg, Md DATE SIGNED 5-2-55

## 23. BURIAL, CREMATION, REMOVAL (Specify)

## DATE THEREOF

## NAME OF CEMETERY OR CREMATORY

## LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

## 24. FUNERAL DIRECTOR

ADDRESS

May 3 - 1955 M. F. Shuff

S. L. Allison Emmitsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

NY 5

1-1-19

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

4639

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick		LENGTH OF STAY (in this place) 7 years		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 244 South Carroll Street				STREET ADDRESS (If rural give location) 244 South Carroll Street			
3. NAME OF DECEASED: (First) FRANCES		(Middle) MAY		(Last) GUE		4. DATE OF DEATH: (Month) May (Day) 4 (Year) 19 55	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: February 16, 1875		9. AGE last birthday: 80 yrs.		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION, Give kind of work done during most of working life, even if retired: Housewife		10b. KIND OF BUSINESS OR INDUSTRY: Own home		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Columbus Hawes				14. MOTHER'S MAIDEN NAME: Lucinda Moxley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		(If Yes, give war or dates of service)		16. SOCIAL SECURITY No.: None		17. INFORMANT & ADDRESS: Mr. Jasper R. Gue - Frederick, Maryland	
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
420.1 Immediate cause (a) Pulmonary Edema							
Antecedent causes (s) (b) Coronary Thrombosis							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 3, 1955, to May 4, 1955, that I last saw the deceased alive on May 4, 1955, and that death occurred at 4:00 p.m., from the causes and on the date stated above.							
SIGNATURE				DATE SIGNED			
23. BURIAL, CREMATION, REMOVAL (Specify) Burial				DATE THEREOF May 7, 1955		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	
LOCATION (City, town, or county) Frederick, Maryland		DATE REC'D BY LOCAL REGISTRAR 6 May 1955		REGISTRAR'S SIGNATURE Elizabeth B. Heck		24. FUNERAL DIRECTOR C. E. Cline & Son - 8 East Patrick Street Frederick, Maryland	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUNNIG A. S.

AY

1911

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04641

4659

## CERTIFICATE OF DEATH

Reg. Dist. No. 81

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <i>Frederick</i>		MARYLAND		STATE <i>Frederick</i>		COUNTY <i>Frederick</i>	
CITY (If outside corporate limits, write RURAL, and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL, and give nearest town)		OR TOWN	
<i>Chesow Bridge</i>		<i>1 year</i>		<i>Chesow Bridge</i>		<i>X</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<i>Rural</i>				<i>Rural</i>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year)			
<i>ANNA ELIZABETH HARTSOCK</i>				<i>May 13 1955</i>			
5. SEX:		6. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED		8. DATE OF BIRTH:	
<i>Female</i>		<i>White</i>		<i>Widowed</i>		<i>2/18/1896</i>	
9. AGE last birthday:		10. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
<i>79 yrs.</i>		<i>at home</i>		<i>Maryland</i>		<i>U.S.</i>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<i>John Allen</i>				<i>Sarah Severn</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
<i>no</i>		<i>none</i>		<i>Charles Hartsock, Chesow Bridge, Md.</i>			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
<i>Coronary Thrombosis</i>							
Immediate cause (a) DUE TO							
Antecedent causes (s) (b) DUE TO							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c)							
11. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Jan 1955</i> , to <i>May 1955</i> , that I last saw the deceased alive on <i>May 1955</i> , and that death occurred at <i>8:30 AM</i> from the causes and on the date stated above.							
SIGNATURE				DATE SIGNED			
<i>J. D. Hartzler</i>				<i>May 14 1955</i>			
23. SERIAL CREMATION REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<i>cremated</i>		<i>5/15/55</i>		<i>Westview</i>		<i>Chesow Bridge, Md.</i>	
DATE REC'D BY LOCAL REGISTRAR				24. FUNERAL DIRECTOR			
<i>May 14, 1955</i>				<i>R. D. Hartzler &amp; Sons</i>			
				<i>Chesow Bridge, Md.</i>			



THE UNIVERSITY OF CHICAGO

1950

## CERTIFICATE OF DEATH

Reg. Dist. No. 134

4660

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland county Frederick			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR			
X TOWN Emmitsburg, MD.		1 yr.		- TOWN Emmitsburg X			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		East Main Street		STREET ADDRESS (If rural, give location) East Main Street			
3. NAME OF DECEASED: (Type or Print)		(First) CARRIE		(Middle) BLANCHE		(Last) HARTZELL	
5. SEX: Female		6. COLOR OR RACE: white		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed		8. DATE OF BIRTH: 21 Aug. 1893	
9. AGE last birthday: 61 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HouseWorker		11. BIRTHPLACE (State or foreign country): Liberty Township, Penna.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: John A. Bollinger		14. MOTHER'S MAIDEN NAME: Mary Catherine Sterner		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No		16. SOCIAL SECURITY No.: None	
17. INFORMANT & ADDRESS: Mrs Samuel Eike.		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		(a) Immediate cause		massive Cerebral Hemorrhage		minutes	
Antecedent cause(s)		(b) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last		Hypertensive Arteriosclerotic Cardiovascular renal disease		years	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		(c)					
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION:		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at..... G. A.....m., from the causes and on the date stated above.							
SIGNATURE		(DEGREE OR TITLE)		ADDRESS		DATE SIGNED	
Charles R Williams		MD		Emmitsburg Md.		May 25, 1955	
23. BURIAL, CREMATION REMOVAL (Specify): Burial		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
May 27, 1955		Evergreen Cemetery		Gettysburg, Adams co Pa.			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
May 26 = 1955		M. F. Shuff		S. L. Allison		Emmitsburg, Md.	
				S. L. Allison			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

4640

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u>	MARYLAND	STATE <u>MD</u>	COUNTY <u>Frederick</u>
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	LENGTH OF STAY (in this place) <u>2 weeks</u>	CITY (If outside corporate limits, write RURAL and give nearest town) <u>Burnersville 35</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Mem. Hospital</u>	STREET ADDRESS (If rural give location) <u>1</u>		
3. NAME OF DECEASED: (First) (Middle) (Last)		4. DATE (Month) (Day) (Year)	
<u>JESSE GRANT HAWES</u>		<u>May 1 1955</u>	
5. SEX: <u>male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>Oct 17-1901</u>
9. AGE last birthday <u>53</u> yrs		10. IF UNDER 1 YEAR: Months Days Hours Min.	11. BIRTHPLACE (State or foreign country): <u>Frederick Co Md</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Driver</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>B &amp; O R.R.</u>	
11. FATHER'S NAME: <u>Grant Hawes</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. MOTHER'S MAIDEN NAME: <u>Mary B. Fry</u>		14. INFORMANT & ADDRESS: <u>Albert Hawes Thurmont Md</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): <u>Yes, W.W.I.</u>		16. SOCIAL SECURITY NO.	
17. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) <u>162X</u>			
ANTECEDENT CAUSE (B) <u>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.</u>			
18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <u>2</u>	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>M</u>	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>      </u> , 19 <u>      </u> , to <u>      </u> , 19 <u>      </u> , that I last saw the deceased alive on <u>      </u> , 19 <u>      </u> , and that death occurred at <u>      </u> PM, from the causes and on the date stated above.			
SIGNATURE <u>      </u>		ADDRESS <u>      </u> DATE SIGNED <u>      </u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>May 4-1955</u>	NAME OF CEMETERY OR CREMATORY <u>W. B. Cemetery Thurmont Md</u>
DATE REC'D BY LOCAL REGISTRAR <u>2 May 1955</u>	REGISTRAR'S SIGNATURE <u>Edmund G. Webb</u>	24. FUNERAL DIRECTOR <u>McQuay-Ryan Thurmont</u>	ADDRESS <u>      </u>

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



4641

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>22 Hours</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick-Rural RD#2</u> X			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>Near Urbana</u>			
3. NAME OF DECEASED: (First) <u>RACHEL</u> (Middle) <u>ELIZABETH</u> (Last) <u>HILTON</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>May 18, 1955</u>			
5. SEX: <u>Female</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>		8. DATE OF BIRTH: <u>20 Nov 1893</u>	
9. AGE last birthday <u>61</u> yrs.		IF UNDER 1 YEAR: Months Days		IF UNDER 24 HRS: Hours Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>House-work</u>				10B. KIND OF BUSINESS OR INDUSTRY: <u>Own Home</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13. FATHER'S NAME: <u>John W. Tabler</u>				14. MOTHER'S MAIDEN NAME: <u>Frances Knott</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>			
17. INFORMANT & ADDRESS: <u>117 Bay Drive, East, Mrs. Kermit F. Wasmuth, Huntington, N. Y.</u>							
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Cerebral Hemorrhage</u>						<u>22 hrs</u>	
ANTECEDENT CAUSE (B) <u>Malignant Hypertension</u>						<u>15 yrs +</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>0</u>				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)			
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?							
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>			
21F. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <u>May 17, 1955</u> , to <u>May 18, 1955</u> , that I last saw the deceased alive on <u>May 18, 1955</u> , and that death occurred at <u>11:03A</u> M, from the causes and on the date stated above.							
SIGNATURE <u>[Signature]</u>				ADDRESS <u>Frederick, Maryland</u>			
DATE SIGNED <u>18 May 1955</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>				DATE THEREOF <u>20 May 1955</u>			
NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>				LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>			
24. FUNERAL DIRECTOR <u>M. R. Etchison &amp; Son, Frederick, Maryland</u>				ADDRESS			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 23 1955

BUREAU V. S.



4661

## CERTIFICATE OF DEATH

Reg. Dist. No. 139.....

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <b>Frederick</b>		MARYLAND		STATE <b>Maryland</b>		COUNTY <b>Washington</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) <b>X TOWN Cullen</b>		LENGTH OF STAY (in this place) <b>54 days</b>		CITY (If outside corporate limits, write RURAL and give nearest town) <b>OR TOWN Hagerstown</b>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Victor Cullen State Hospital</b>				STREET ADDRESS (If rural give location) <b>Route #4</b>			
3. NAME OF DECEASED: (First) (Middle) (Last) <b>Charles Samuel Hykes</b>				4. DATE (Month) (Day) (Year) OF DEATH: <b>May 16 1955</b>			
5. SEX: <b>Male</b>	6. COLOR OR RACE: <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <b>Married</b>	8. DATE OF BIRTH: <b>5/22/1879</b>	9. AGE last birthday <b>75</b> yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10B. KIND OF BUSINESS OR INDUSTRY: <b>Truck Farmer</b>	11. BIRTHPLACE (State or foreign country): <b>Pennsylvania</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME: <b>Henry Hykes</b>				14. MOTHER'S MAIDEN NAME: <b>Katie Greenawalt.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT & ADDRESS: <b>Patient (Charles Samuel Hykes), Route #4, Hagerstown, Md.</b>		
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE		(A) <b>Arteriosclerotic cardiovascular disease.</b>				Unknown.	
ANTECEDENT CAUSE (B)		DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(B) DUE TO					
		(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						<b>Bronchial Asthma.</b>	
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Mar. 23, 1955</b> , to <b>May 16, 1955</b> , that I last saw the deceased alive on <b>May 16, 1955</b> , and that death occurred at <b>3:05 M.</b> from the causes and on the date stated above. SIGNATURE <i>[Signature]</i> a.m. ADDRESS <b>Cullen, Maryland</b> DATE SIGNED <b>May 17, 1955</b> M. D.							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		DATE THEREOF <b>5/18/55</b>		NAME OF CEMETERY OR CREMATORY <b>Church of Brethren County</b>		LOCATION (City, town, or county) (State) <b>Broadfording, Maryland.</b>	
DATE REC'D BY LOCAL REGISTRAR <b>5/17/55</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		24. FUNERAL DIRECTOR ADDRESS <b>Andrew K. Coffman, 40 E. Antietam St.</b>			

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04646

4662

## CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <b>Frederick</b>		MARYLAND		STATE <b>Md.</b>		COUNTY <b>Frederick</b>	
CITY (If outside corporate limits, write RURAL OR TOWN) <b>Creagerstown</b>		LENGTH OF STAY (in this place) <b>30 yrs</b>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Creagerstown</b>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year) OF DEATH:			
<b>Harry Norman Isanogle</b>				<b>May 24 1955</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>	8. DATE OF BIRTH: <b>May 28, 1881</b>	9. AGE last birthday <b>73</b> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY: <b>Gen. Farm Work</b>		11. BIRTHPLACE (State or foreign country): <b>Thurmont, Fred. Co. Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME: <b>James R. Isanogle</b>				14. MOTHER'S MAIDEN NAME: <b>Emma Eicholtz</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO. <b>213-18-0739</b>		17. INFORMANT & ADDRESS: <b>Mrs. Thelma Kersey, Thurmont, Rt. 2, Md.</b>	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <b>Myocardial failure</b>						<b>1 wk.</b>	
ANTECEDENT CAUSE (S) (B) <b>Chronic myocarditis</b>						<b>?</b>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <b>Arteriosclerosis</b>						<b>?</b>	
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <b>Hypertension</b>						<b>3 yrs.</b>	
19A. DATE OF OPERATION: <b>C</b>		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>April 18, 1955</b> , to <b>May 24, 1955</b> , that I last saw the deceased alive on <b>May 24</b> , 1955, and that death occurred at <b>6:45 p.m.</b> from the causes and on the date stated above.							
SIGNATURE <b>M. Frank Bink</b>		M. D. <b>Thurmont Md.</b>		DATE SIGNED <b>May 25 1955</b>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		DATE THEREOF <b>May 27, 1955</b>		NAME OF CEMETERY OR CREMATORY <b>Blue Ridge</b>		LOCATION (City, town, or county) (State) <b>Thurmont, Fred. Co. Md.</b>	
DATE REC'D BY LOCAL REGISTRAR <b>May 26 1955</b>		REGISTRAR'S SIGNATURE <b>Blanchette S. Eyles</b>		24. FUNERAL DIRECTOR <b>M. L. Creager &amp; Son</b>		ADDRESS <b>Thurmont, Md.</b>	

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## CERTIFICATE OF DEATH

Reg. Dist. No.

04647

131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>Years</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>208 Washington Street</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>LEROY</u> <u>MILLARD</u> <u>KNILL</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>May 22</u> , 19 <u>55</u>			
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Widower</u>		8. DATE OF BIRTH: <u>April 27, 1886</u>	
9. AGE last birthday: <u>69</u> yrs.		IF UNDER 1 YEAR: Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Laborer</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME: <u>Michael Knill</u>		14. MOTHER'S MAIDEN NAME: <u>Ellen Carty</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY No. <u>214-10-4447</u>		17. INFORMANT & ADDRESS: <u>Mrs. Charles T. Main, R.F.D.#5, Frederick, Md.</u>		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Pulmonary edema, acute</u>				45 min.			
ANTECEDENT CAUSE (B) <u>Cardiac insufficiency</u>				4 month			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Arteriosclerosis, generalized</u>				years.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>May 22, 1955</u>				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, etc.)		21C. WHERE DID (City or town) (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 2, 1955</u> , to <u>May 22, 1955</u> , that I last saw the deceased alive on <u>May 22, 1955</u> , and that death occurred at <u>1:55 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Robert S. Turner, Jr.</u>		ADDRESS <u>Frederick, Maryland</u>		DATE SIGNED <u>5/23/1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>May 25, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>24 May 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth S. Hark</u>		24. FUNERAL DIRECTOR <u>M. R. Etchison &amp; Son, Frederick, Maryland</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAY 9

RECEIVED

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## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X <u>TOWN</u> <u>Frederick-Rural-R.D.#1</u>		<u>Years</u>		X <u>TOWN</u> <u>Frederick-Rural-R.D.#1</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Bear Mt. Pleasant</u>				STREET ADDRESS (If rural give location) <u>Near Mt. Pleasant</u>			
3. NAME OF DECEASED: (Type or Print)		(First) <u>RUTH</u>		(Middle) <u>ELIZABETH</u>		(Last) <u>KOOGLE</u>	
5. SEX: <u>Female</u>		6. COLOR OR RACE: <u>White</u>		7. <u>SINGLE</u> MARRIED, WIDOWED, DIVORCED, (Specify): <u>Widow</u>		8. DATE OF BIRTH: <u>Sept. 2, 1885</u>	
9. AGE last birthday: <u>69</u> yrs		4. DATE OF DEATH: <u>May 27, 1955</u>		IF UNDER 1 YEAR: Months Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housework</u>				10B. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13. FATHER'S NAME: <u>John W. Corun</u>			
14. MOTHER'S MAIDEN NAME: <u>Carrie N. Fulmer</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>No</u> (If Yes, give war or dates of service) <u>NO</u>			
16. SOCIAL SECURITY NO.: <u>None?</u>				17. INFORMANT & ADDRESS: <u>Hobart Corun, Frederick R. F. D. #1, Md.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Pneumonia</u>						<u>24 hrs</u>	
ANTECEDENT CAUSE (S) <u>Metastatic Carcinoma left lung + pleura</u>						<u>4 mo</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <u>Carcinoma body of uterus</u>						<u>16 mo</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>2</u>				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10 Feb., 1955</u> to <u>26 MAY 1955</u> that I last saw the deceased alive on <u>26 May, 1955</u> , and that death occurred at <u>1:30 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>James H. Corun Jr.</u>		ADDRESS <u>M. D. Walkersville, Maryland</u>		DATE SIGNED <u>5/27/1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>May 30, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>28 May 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth S. Heck</u>		24. FUNERAL DIRECTOR ADDRESS <u>M. R. Etchison &amp; Son, Frederick, Maryland</u>			

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU A. S.



## CERTIFICATE OF DEATH

Reg. Dist. No. 13

4664

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <b>Frederick</b> (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Mountaindale</b>	MARYLAND LENGTH OF STAY (in this place) <b>25 years</b>	STATE <b>Maryland</b> (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Mountaindale</b>	COUNTY <b>Frederick</b>
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED: (First) <b>Sarah Francis</b> (Middle) (Last) <b>Lewis</b>		4. DATE OF DEATH: (Month) <b>5</b> (Day) <b>29</b> (Year) <b>1955</b>	
5. SEX: <b>Female</b>	6. COLOR OR RACE: <b>White</b>	7. <b>Widowed</b> SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH: <b>9-18-1870</b>
9. AGE last birthday: <b>84</b> yrs.		10. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY: <b>Home</b>	
11. BIRTHPLACE (State or foreign country): <b>Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME: <b>John Lewis</b>		14. MOTHER'S MAIDEN NAME: <b>Catherine Kirkpatrick</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <b>No</b>		16. SOCIAL SECURITY No: <b>-</b>	
17. INFORMANT & ADDRESS: <b>Howard W. Lewis, Brunswick, Maryland.</b>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death	
341X Immediate cause (a) <b>Pulmonary Edema</b> Antecedent causes (s) DUE TO (b) <b>Cerebral Hemorrhage</b> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (c) <b>paralysis of Side</b>		<b>2 days</b> <b>2 week</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>May 5, 1955</b> , to <b>May 29, 1955</b> , that I last saw the deceased alive on <b>May 28, 1955</b> , and that death occurred at <b>4:30 A</b> , from the causes and on the date stated above.			
SIGNATURE <b>B. L. Lewis</b>		DATE SIGNED <b>5/29/55</b>	
23. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>		DATE THEREOF <b>6-1-1955</b>	NAME OF CEMETERY OR CREMATORY <b>Park Heights</b>
LOCATION (City, town, or county) <b>Brunswick, Maryland.</b>		(State) <b>Md</b>	
DATE REC'D BY LOCAL REGISTRAR <b>31 May 1955</b>		REGISTRAR'S SIGNATURE <b>E. J. G. H. H. H.</b>	
24. FUNERAL DIRECTOR <b>C. H. Peete and Bro. Brunswick, Maryland</b>		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
Item 18 Film G182 6-17-55 ams

04651

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <b>Frederick</b>		MARYLAND		STATE <b>Maryland</b>		COUNTY <b>Frederick</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) <b>Frederick</b>		LENGTH OF STAY (in this place) <b>Days</b>		CITY (If outside corporate limits, write RURAL and give nearest town) <b>Frederick</b>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Frederick Memorial Hospital</b>				STREET ADDRESS (If rural give location) <b>630 Apple Avenue</b>			
3. NAME OF DECEASED: (Type or Print)				4. DATE OF DEATH:			
(First) <b>Albert</b> (Middle) <b>Richard</b> (Last) <b>Molesworth</b>				(Month) <b>May</b> (Day) <b>5</b> (Year) <b>1955</b>			
5. SEX: <b>Male</b>		6. COLOR OR RACE: <b>White</b>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <b>Single</b>		8. DATE OF BIRTH: <b>May 4, 1955</b>	
				9. AGE last birthday: <b>0</b> yrs.		10. MONTHS <b>20</b> DAYS <b>20</b> HRS. <b>20</b> MIN.	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired <b>Student</b>				10b. KIND OF BUSINESS OR INDUSTRY: <b>None</b>		11. BIRTHPLACE (State or foreign country): <b>Maryland</b>	
12. CITIZEN OF WHAT COUNTRY? <b>Unknown</b>							
13. FATHER'S NAME: <b>Richard Carroll Molesworth</b>				14. MOTHER'S MAIDEN NAME: <b>Bessie Pauline Wilhide</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <b>No</b>		16. SOCIAL SECURITY No: <b>None</b>		17. INFORMANT & ADDRESS: <b>630 Apple Avenue, Richard C. Molesworth, Frederick, Maryland</b>			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
76a. 5 Immediate cause (a) <b>Fetal Atelectasis</b>							
Antecedent cause(s) DUE TO (b) <b>Immaturity</b>							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (c) <b>Prematurity</b>							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>5 May, 1955</b> , to <b>5 May, 1955</b> , that I last saw the deceased alive on <b>6 May, 1955</b> , and that death occurred at <b>2:45 PM</b> , from the causes and on the date stated above.							
SIGNATURE <b>Am. Powell Jr.</b>		(Degree or title) <b>M.D.</b>		ADDRESS <b>220 N. Market</b>		DATE SIGNED <b>6 May 55</b>	
23. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		DATE THEREOF <b>May 7, 1955</b>		NAME OF CEMETERY OR CREMATORY <b>Mount Olivet Cemetery</b>		LOCATION (City, town, or county) (State) <b>Frederick, Maryland</b>	
DATE REC'D BY LOCAL REGISTRAR <b>7 May 1955</b>		REGISTRAR'S SIGNATURE <b>Elizabeth B. Heck</b>		24. FUNERAL DIRECTOR <b>M. R. Etchison &amp; Son, Frederick, Maryland</b>		ADDRESS	

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BUREAU V. S.



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04652

4665

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Baltimore City	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN Cullen		6218 days		TOWN Baltimore 301-4			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital				STREET ADDRESS (If rural give location) 717 Grantley Street, ✓			
3. NAME OF DECEASED:				4. DATE (Month) (Day) (Year) OF DEATH:			
(First) Charles		(Middle)		(Last) Moon		May 27 1955	
5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married		8. DATE OF BIRTH: June 24, 1878	
9. AGE last birthday 76 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Richard C. Moon				14. MOTHER'S MAIDEN NAME: Catherine Mocks			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 220-05-8424		17. INFORMANT & ADDRESS: Charles Moon	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						17 years.	
IMMEDIATE CAUSE (A) Pulmonary Tuberculosis							
ANTECEDENT CAUSE (B) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 18, 1938, to May 27, 1955, that I last saw the deceased alive on May 27, 1955, and that death occurred at 5:00 A.M. from the causes and on the date stated above.							
SIGNATURE		M. D.		ADDRESS Cullen, Maryland		DATE SIGNED May 27, 1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 5-31-55		NAME OF CEMETERY OR CREMATORY Western		LOCATION (City, town, or county) (State) Balto. 23, Md.	
DATE REC'D BY LOCAL REGISTRAR 5/27/55		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR Witzke Funeral Directors, 4101 Edmondson Ave		ADDRESS	

U.S. DEPARTMENT OF JUSTICE

RECEIVED  
JAN 10 1964

4668

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <b>Frederick</b>	MARYLAND	STATE <b>Maryland</b>	COUNTY <b>Frederick</b>
CITY (If outside corporate limits, write RURAL and give nearest town) <b>X</b> TOWN <b>Knoxville</b>	LENGTH OF STAY (in this place) <b>50yrs.</b>	CITY (If outside corporate limits, write RURAL and give nearest town) <b>X</b> TOWN <b>Knoxville</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>-</b>		STREET ADDRESS (If rural give location) <b>-</b>	

3. NAME OF DECEASED: (Type or Print)		4. DATE OF DEATH:	
(First) <b>Edith</b>	(Middle) <b>Mae</b>	(Last) <b>Myers</b>	(Month) <b>5</b> (Day) <b>23</b> (Year) <b>1955</b>
5. SEX: <b>Female</b>	6. COLOR OR RACE: <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>	8. DATE OF BIRTH: <b>3-29-1882</b>
		9. AGE last birthday: <b>73</b> yrs.	10. IF UNDER 1 YEAR: <b>5</b> Months <b>23</b> Days <b>19</b> Hours <b>55</b> Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired): <b>House wife</b>	10b. KIND OF BUSINESS OR INDUSTRY: <b>Home</b>	11. BIRTHPLACE (State or foreign country): <b>Virginia</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13. FATHER'S NAME: <b>Albert Polhamus</b>	14. MOTHER'S MAIDEN NAME: <b>Susan Ann Whitescaber</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <b>No</b>	16. SOCIAL SECURITY No.: <b>-</b>
17. INFORMANT & ADDRESS: <b>William Myers, Knoxville, Maryland.</b>	

18. MEDICAL CERTIFICATION		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <b>331X</b> Immediate cause (a) <b>Cerebral Hemorrhage</b> DUE TO Antecedent causes (b) <b>Unmyelized Arteriosclerosis</b> DUE TO Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c)		<b>36 hrs</b>

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Myocarditis</b>		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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19a. DATE OF OPERATION: <b>5-23-55</b>	19b. MAJOR FINDINGS OF OPERATION <b>-</b>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) <b>OF</b>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <b>m.</b>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5/22, 1955**, to **5/23, 1955**, that I last saw the deceased alive on **5/22, 1955**, and that death occurred at **1 PM**, from the causes and on the date stated above.

SIGNATURE <b>C. J. Brice</b>	DATE SIGNED <b>May 24, 1955</b>	NAME OF CEMETERY OR CREMATORY <b>Reformed</b>	LOCATION (City, town, or county) (State) <b>Knoxville, Maryland.</b>
---------------------------------	------------------------------------	--	---

DATE REC'D BY LOCAL REGISTRAR <b>May 24-55</b>	REGISTRAR'S SIGNATURE <b>Kathryn N. Brown</b>	24. FUNERAL DIRECTOR <b>C.H. Feete and Bro. Brunswick, Md.</b>
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAY 19

RECEIVED



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. ....

## 1. PLACE OF DEATH:

COUNTY **FREDERICK** MARYLAND  
CITY (If outside corporate limits, write RURAL OR and give nearest town) **FREDERICK** TOWN  
LENGTH OF STAY (in this place) **MINS.**  
HOSPITAL OR INSTITUTION OR STREET ADDRESS **FREDERICK MEM. HOSP**

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE **MARYLAND** COUNTY **CARROLL**  
CITY (If outside corporate limits write RURAL and give nearest town) **WESTMINSTER** TOWN  
STREET ADDRESS **RTE 6** (If rural, give location)

## 3. NAME OF DECEASED:

(First)

(Middle)

(Last)

## 4. DATE OF DEATH

(Month)

(Day)

(Year)

**LARRY CORNELIUS MYERS** **MAY 28, 1955**

## 5. SEX:

## 6. COLOR OR RACE:

## 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

## 8. DATE OF BIRTH:

## 9. AGE last birthday:

IF UNDER 1 YEAR

IF UNDER 24 HRS.

**MALE** **NEGRO** **SINGLE** **DEC. 13, 1937** **17** yrs. Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

## 10b. KIND OF BUSINESS OR INDUSTRY:

## 11. BIRTHPLACE (State or foreign country):

## 12. CITIZEN OF WHAT COUNTRY?

**LABORER** **LANDSCAPING** **MARYLAND** **USA**

## 13. FATHER'S NAME:

## 14. MOTHER'S MAIDEN NAME:

**CORNELIUS MYERS** (Sidney) **SIDNEY ELAINE SNOWDEN**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

## 16. SOCIAL SECURITY No.:

## 17. INFORMANT &amp; ADDRESS:

**NO** **218-32-3034** **MOTHER - RTE 6 WESTMINSTER, MD.**

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

## INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) **RUPTURED LIVER & SPLEEN** DUE TO

30'

## Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)

## II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

## 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

## 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

## 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY)

## 21c. (City or town)

(County)

(State)

## 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

## 21e. INJURY OCCURRED While at work Not while at work

## 21f. HOW DID INJURY OCCUR?

**MAY 28, 1955 8 PM** **WHILE AT WORK** **RTE 26 - UNIONVILLE - FREDERICK - MD.** **PASSENGER IN AUTO WHICH OVERTURNED**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

## SIGNATURE

**Robert J. J. J. J. J.**

CHIEF MEDICAL EXAMINER ☐ DATE SIGNED **5/28/55**  
DEPUTY MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAM. ☐

## 23. BURIAL, CREMATION, REMOVAL (Specify):

## DATE THEREOF

## NAME OF CEMETERY OR CREMATORY

## LOCATION (City, town, or county)

(State)

**Burial**  
DATE REC'D BY LOCAL REG. **28 May 1955**

## REGISTRAR'S SIGNATURE

## 24. FUNERAL DIRECTOR

## ADDRESS

**Elizabeth B. Heck** **Willie M. Waltz** **Confield**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## CERTIFICATE OF DEATH

Reg. Dist. No. 131

4667

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
<del>CITY</del> (If outside corporate limits, write RURAL and give nearest town)		RURAL LENGTH OF STAY (in this place)		<del>CITY</del> (If outside corporate limits, write RURAL and give nearest town)			
X TOWN Mr. Adamstown		17 years		TOWN Nr. Adamstown		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Adamstown				STREET ADDRESS (If rural give location) Nr. Adamstown			
3. NAME OF DECEASED:		(First) (Middle) (Last)		4. DATE OF DEATH:		(Month) (Day) (Year)	
(Type or Print) FRANCES		LUCINDA		NOEL		May 8 1955	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR		IF UNDER 24 HRS
Female	White	Married	March 12, 1890	65 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):			10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
Housewife			Own home	Missouri		USA	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
William Hicks				Margaret Wriston			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.):		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
No 4		None		Mrs. Herbert S. Wilbur - Adamstown, Md.			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause (a) Carcinoma of breast - metastasis							
Antecedent causes (s) (b) DUE TO							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c) DUE TO							
11. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE (Specify)				PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
				OF INJURY			
TIME (Month) (Day) (Year) (Hour) OF INJURY				INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct., 1954, to 5/8, 1955, that I last saw the deceased alive on 5/6, 1955, and that death occurred at 7:30 a.m., from the causes and on the date stated above.							
SIGNATURE James D. Thomas, M.D.				ADDRESS Frederick, Md.		DATE SIGNED 5/9/55	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		May 10, 1955		Saint Pauls Cemetery		Point of Rocks, Maryland	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS			
9 May 1955		Elizabeth B. Hack		C. E. Cline & Son - 8 East Patrick Street, Frederick, Maryland			

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U.S. AIR FORCE

1954

1954

4645

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>Years</u>		OR TOWN <u>Mount Pleasant</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>1</u>			
3. NAME OF DECEASED:				4. DATE OF DEATH:			
(First) <u>MARY</u>		(Middle) <u>FRANCES</u>		(Last) <u>NUSBAUM</u>		(Month) (Day) (Year) <u>May 22, 1955</u>	
5. SEX: <u>Female</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>		8. DATE OF BIRTH: <u>November 22, 1881</u>	
9. AGE last birthday: <u>73</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Retired School Teacher</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Grade School</u>		9. AGE last birthday: <u>73</u> yrs.	
11. BIRTHPLACE (State or foreign country): <u>Delaware</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME: <u>Charles W. Grant</u>				14. MOTHER'S MAIDEN NAME: <u>Frances Clark</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO.: <u>None</u>		17. INFORMANT & ADDRESS: <u>Mr. George H. Nusbaum, Mt. Pleasant, Md.</u>	
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE <u>5x7.0</u>				(A) <u>Acute Hemorrhagic pneumonia</u>			
ANTECEDENT CAUSE (B)				DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST.				(B) DUE TO			
(C)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>2</u>				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.			
21C. WHERE DID (City or town) (County) (State)				21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>				21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 22, 1955</u> , to <u>May 23, 1955</u> , that I last saw the deceased alive on <u>May 22, 1955</u> , and that death occurred at <u>2:30 PM</u> , from the causes and on the date stated above.							
SIGNATURE				ADDRESS		DATE SIGNED	
				<u>Frederick, Maryland</u>		<u>5/23/1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)				DATE THEREOF			
<u>Burial</u>				<u>May 25, 1955</u>			
NAME OF CEMETERY OR CREMATORY				LOCATION (City, town, or county) (State)			
<u>St. Peters Cemetery</u>				<u>Libertytown, Maryland</u>			
24. FUNERAL DIRECTOR				ADDRESS			
<u>M. R. Etchison, &amp; Son, Frederick, Maryland</u>							

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAY 24 1965

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

04657

Reg. Dist. No. 81

1. PLACE OF DEATH COUNTY <u>Fredrick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Fredrick</u>	
X CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Union Bridge Rd</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Union Bridge</u> X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>		STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) <u>Elmer</u> (First) <u>Dennis</u> (Middle) <u>Peters</u> (Last)		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>22</u> (Year) <u>1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Gr</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>1881</u>
9. AGE last birthday <u>73</u> yrs.		10. AGE last birthday If under 1 year: <u>8</u> Months <u>28</u> Days <u>28</u> Hours <u>28</u> Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Rural Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Franklin Co. Va</u>		12. CITIZEN OF WHAT COUNTRY? <u>Austin</u>	
13. FATHER'S NAME <u>Isaac Peters</u>		14. MOTHER'S MAIDEN NAME <u>Lulibah Peters</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY NO. <u>453-12-815</u>	
17. INFORMANT <u>Bergie Peters</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
4-2-2 Immediate cause (a) <u>Acute Cardiac Deletion</u>			
Antecedent cause(s) (b) <u>Chronic Myocarditis</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 22, 1955, to May 22, 1955, that I last saw the deceased alive on May 22, 1955, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE J. H. Regan ADDRESS Union Bridge Md DATE SIGNED 5-22-55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Removal</u>	<u>5-22-55</u>	<u>Pike Creek</u>	<u>Union Bridge Md</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
<u>May 24, 1955</u>	<u>J. H. Regan</u>	<u>Raymond R. Wright</u>	<u>Union Bridge Md</u>

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED  
MAY 2  
BUREAU V. S.



4669

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Anne Arundel	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR			
X TOWN Cullen		823 days		TOWN Deals 02X-2			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED:				4. DATE (Month) (Day) (Year)			
(First) Samuel		(Middle)		(Last) Phipps		OF DEATH: May 28, 19 55	
5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single		8. DATE OF BIRTH: Jan. 18, 1903	
9. AGE last birthday: 47 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Edward Phipps				14. MOTHER'S MAIDEN NAME: Nellie Randall			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No 4				16. SOCIAL SECURITY NO. Sending for		17. INFORMANT & ADDRESS: Samuel Phipps, Deals, Maryland	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						2 1/2 years.	
IMMEDIATE CAUSE (A) Pulmonary Tuberculosis							
ANTECEDENT CAUSE (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. 24, 1953, to May 28, 1955, that I last saw the deceased alive on May 28, 1955, and that death occurred at 3:00 M. from the causes and on the date stated above.							
SIGNATURE		A.M. ADDRESS		DATE SIGNED			
M.D. Cullen, Maryland		May 28, 1955					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 5-30-55		NAME OF CEMETERY OR CREMATORY Quaker Burial Grounds		LOCATION (City, town, or county) Galesville, Md.	
DATE REC'D BY LOCAL REGISTRAR 5/28/55		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3 4 100000

4645

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04659

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <b>Frederick</b>	MARYLAND	STATE <b>Maryland</b>	COUNTY <b>Frederick</b>
CITY (If outside corporate limits, write RURAL and give nearest town) <b>Frederick</b>	LENGTH OF STAY (in this place) <b>Years</b>	CITY (If outside corporate limits, write RURAL and give nearest town) <b>Frederick</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Frederick Memorial Hospital</b>		STREET ADDRESS (If rural give location) <b>219 South Market Street</b>	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) <b>JESSE</b>	(Middle) <b>CLAGGETT</b>	(Last) <b>RAMSBURG, Jr.</b>	OF DEATH: <b>May 6, 1955</b>
5. SEX: <b>Male</b>	6. COLOR OR RACE: <b>White</b>	8. DATE OF BIRTH: <b>Single November 7, 1932</b>	9. AGE last birthday: <b>22</b> yrs.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Newsboy</b>		10B. KIND OF BUSINESS OR INDUSTRY: <b>Own</b>	11. BIRTHPLACE (State or foreign country): <b>Maryland</b>
13. FATHER'S NAME: <b>Jesse Claggett Ramsburg Sr.</b>		14. MOTHER'S MAIDEN NAME: <b>Frances E. Hoffman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <b>No</b>		16. SOCIAL SECURITY NO.: <b>217-28-6009</b>	
17. INFORMANT & ADDRESS: <b>Mr. Jesse C. Ramsburg Sr., Frederick, Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) <b>Congestive Heart Failure</b>			<b>3 months</b>
ANTECEDENT CAUSE (S) (B) <b>Rheumatic Heart Disease</b>			<b>15 years</b>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <b>2</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <b>July 1, 1951</b> , to <b>6 May, 1955</b> , that I last saw the deceased alive on <b>6 May, 1955</b> , and that death occurred at <b>10:00 PM</b> , from the causes and on the date stated above.			
SIGNATURE <b>Thomas C. Stone</b>		DATE SIGNED <b>Frederick, Maryland 5/9/1955</b>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		DATE THEREOF <b>May 9, 1955</b>	
NAME OF CEMETERY OR CREMATORY <b>Mount Olivet Cemetery</b>		LOCATION (City, town, or county) (State) <b>Frederick, Maryland</b>	
24. FUNERAL DIRECTOR <b>M. R. Etchison &amp; Son, Frederick, Maryland</b>		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

1875

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4651

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04669

## CERTIFICATE OF DEATH

Reg. Dist. No. 141

Item 9, Film G182 6-21-55 et

Item 8, Film G183 7-6-55 et

## I. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town)

35 TOWN Brunswick

LENGTH OF STAY (in this place)

20 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS

South Maple Ave.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick

CITY (If outside corporate limits, write RURAL and give nearest town)

OR TOWN Brunswick

STREET ADDRESS

(If rural, give location)

South Maple Ave.

## 3. NAME OF DECEASED:

(First)

(Middle)

(Last)

Charles Harrison Reynolds

4. DATE (Month) (Day) (Year)

OF DEATH:

5 - 30

1955

## 5. SEX:

## 6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED,

## 8. DATE OF BIRTH:

## 9. AGE last birthday:

IF UNDER 1 YEAR IF UNDER 24 HRS.

Male

White

Married

10 - 6 - 1879

76 yrs.

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

Carpenter

## 10b. KIND OF BUSINESS OR INDUSTRY:

Local

## 11. BIRTHPLACE (State or foreign country):

Maryland

## 12. CITIZEN OF WHAT COUNTRY?

U.S.A.

## 13. FATHER'S NAME:

Un-Unknown

## 14. MOTHER'S MAIDEN NAME:

Un-Unknown

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

No

## 16. SOCIAL SECURITY No.:

## 17. INFORMANT &amp; ADDRESS:

Mrs. Maude Schaeffer, Brunswick, Md.

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

## Immediate cause

(a)

DUE TO

## Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

## II. OTHER SIGNIFICANT CONDITIONS:

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

## 20. AUTOPSY?

Yes ☐ No ☒

## 21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, or office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

## HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/2/55 to 6/1/55, that I last saw the deceased alive on 6/1/55 and that death occurred at 2 P.M. from the causes and on the date stated above.

SIGNATURE

(DEGREE OR TITLE)

ADDRESS

DATE SIGNED 6/1/55

## 23. BURIAL CREMATION REMOVAL (Specify):

Burial

## DATE THEREOF

6-2-1955

## NAME OF CEMETERY OR CREMATORY

Samples Manor

## LOCATION (City, town, or county)

Dargan, Wash. Co. Md.

DATE REC'D BY LOCAL REG.

## REGISTRAR'S SIGNATURE

Ralph H. Brown

## 24. FUNERAL DIRECTOR

C.H. Feete and Bro. Brunswick, Md.

ADDRESS

BUREAU V. S.

JUN 7 1900

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4670 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04661

## CERTIFICATE OF DEATH

Reg. Dist. No. /44

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <b>Frederick</b>		MARYLAND		STATE <b>Md.</b>		COUNTY <b>Frederick</b>	
CITY (If outside corporate limits, write OR and give nearest town) <b>Thurmont</b>		LENGTH OF STAY (in this place) <b>71 yrs.</b>		CITY (If outside corporate limits, write OR and give nearest town) <b>Thurmont</b>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED: (Type or Print)				4. DATE (Month) (Day) (Year)			
(First) (Middle) (Last) <b>PAULINE ELIZABETH ROWE</b>				OF DEATH: <b>May 23, 19 55</b>			
5. SEX: <b>Female</b>		6. COLOR OR RACE: <b>White</b>		8. DATE OF BIRTH: <b>May 3, 1884</b>		9. AGE last birthday: <b>71</b> yrs.	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>		10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY: <b>Own Home</b>		11. BIRTHPLACE (State or foreign country): <b>Thurmont, Md.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				13. FATHER'S NAME: <b>Joseph Claybaugh</b>			
14. MOTHER'S MAIDEN NAME: <b>Elizabeth Hoke</b>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <b>no</b>			
16. SOCIAL SECURITY NO. <b>217-01-9013</b>				17. INFORMANT & ADDRESS: <b>Mrs. Evers Portner, Thurmont, Md.</b>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) <b>Acute myocardial failure</b>						<b>1 hr.</b>	
ANTECEDENT CAUSE (S) (B) <b>Chronic myocarditis</b>						<b>?</b>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <b>Arteriosclerosis</b>						<b>?</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <b>May 20, 1955</b>				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>May 20, 1955</b> to <b>May 23, 1955</b> that I last saw the deceased alive on <b>May 22, 1955</b> , and that death occurred at <b>1:30 A.M.</b> from the causes and on the date stated above.							
SIGNATURE <b>M. Frank Bursky</b>		M. D. <b>Thurmont, Md.</b>		DATE SIGNED <b>May 23, 1955</b>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		DATE THEREOF <b>May 25, 1955</b>		NAME OF CEMETERY OR CREMATORY <b>Blum Ridge</b>		LOCATION (City, town, or county) (State) <b>Thurmont, Fred. Co. Md.</b>	
DATE REC'D BY LOCAL REGISTRAR <b>May 25, 1955</b>		REGISTRAR'S SIGNATURE <b>Blanche S. Eyer</b>		24. FUNERAL DIRECTOR ADDRESS <b>M.L. Creager &amp; Son, Thurmont, Md.</b>			

UREAU V. S.

MAY 27 1955

RECEIVED



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
4671 CERTIFICATE OF DEATH

04662

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Mr. Frederick	LENGTH OF STAY (in this place) Lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Mr. Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Nr. Frederick		STREET ADDRESS (If rural give location) Nr. Frederick	
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) NELLIE	(Middle) R.	(Last) SCHAEFFER	(Month) May (Day) 14 (Year) 19 55
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: February 27, 1873
9. AGE last birthday: 82 yrs.		10. BIRTHPLACE (State or foreign country): Maryland	
11. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): File Clerk		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: John A. Schaeffer		14. MOTHER'S MAIDEN NAME: Frances Waskey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.: None	
17. INFORMANT & ADDRESS: Mrs. Charles Mullen - Frederick, Maryland			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death	
332X Immediate cause (a) ...		3 days	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ...			
(c) ...			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12/1, 1954, to 5/14, 1955, that I last saw the deceased alive on 5/12, 1955, and that death occurred at 11:15 p.m. from the causes and on the date stated above.			
SIGNATURE H. H. Fisher		ADDRESS Frederick Md	
DATE SIGNED 5/16/55			
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF May 17, 1955	
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 16 May 1955		REGISTRAR'S SIGNATURE Elizabeth S. Heck	
24. FUNERAL DIRECTOR C. E. Cline & Son - 8 East Patrick Street		ADDRESS Frederick, Maryland	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

EDWARD V. S.

1871

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4647 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04663  
 CERTIFICATE OF DEATH Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY <u>Frederick</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Mem. Hospital</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Md</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>New Midway Rural</u> STREET ADDRESS (If rural give location) <u>1</u>			
3. NAME OF DECEASED: (First) <u>Anna</u> (Middle) <u>Virginia</u> (Last) <u>Schildt</u> (Type or Print)				4. DATE OF DEATH (Month) <u>May</u> (Day) <u>16</u> (Year) <u>1955</u>			
5. SEX: <u>Female</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH: <u>July 31 1912</u>	
9. AGE last birthday: <u>42</u> yrs.		10. USUAL OCCUPATION: Give kind of work done during most of working life <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Own Home</u>		11. BIRTHPLACE (State or foreign country): <u>Thurmont Fredk Co. Md</u>	
13. FATHER'S NAME: <u>Edgar R. Lewis</u>				14. MOTHER'S MAIDEN NAME: <u>Glenna K. Weller</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>217-01-9062</u>		17. INFORMANT & ADDRESS: <u>Glenna K. Lewis Thurmont. MD</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Uterine Hemorrhage</u>						<u>1 hr.</u>	
ANTECEDENT CAUSE (B) <u>Carcinoma of Cervix</u>						<u>8 mo.</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>May 16 1955</u>				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		21D. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>April 16, 1955</u> , to <u>May 16, 1955</u> , that I last saw the deceased alive on <u>May 16, 1955</u> , and that death occurred at <u>3:45 A</u> M, from the causes and on the date stated above.							
SIGNATURE <u>Robert S. Jeanner, Jr.</u>				ADDRESS <u>M.D. 7 E. Church St., Frederick</u>		DATE SIGNED <u>5-16-55</u>	
23. BURIAL, CREMATION, REINTERMENT (SPECIFY) <u>Burial</u>		DATE THEREOF <u>May 18, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Church of the Brethren Cem.</u>		LOCATION (City, town, or county) (State) <u>Rocky Ridge Md</u>	
DATE REC'D BY LOCAL REGISTRAR <u>16 May 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Hark</u>		24. FUNERAL DIRECTOR <u>M.L. Creager &amp; Son</u>		ADDRESS <u>Thurmont. Md</u>	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
 FOR MEDICAL EXAMINERS

4672

04664

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
3. CITY (If outside corporate limits, write RURAL and give nearest town) <u>Dickerson</u>		4. LENGTH OF STAY (in this place) <u>Life</u>	
5. HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Rte 1</u>		6. STREET ADDRESS (If rural, give location) <u>Rte 1</u>	
7. NAME OF DECEASED (First) <u>IRA</u>	(Middle) <u>THOMAS</u>	(Last) <u>SEARS</u>	8. DATE OF DEATH (Month) <u>MAY</u> (Day) <u>20</u> (Year) <u>1955</u>
9. SEX <u>Male</u>	10. COLOR OR RACE <u>White</u>	11. SPECIAL MARRIAGE <u>WIDOWED</u>	12. DATE OF BIRTH (Month) <u>May</u> (Day) <u>10</u> (Year) <u>1877</u>
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		14. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
15. FATHER'S NAME <u>William Thomas Sears</u>		16. MOTHER'S MARRIAGE <u>Sarah J. Nichols</u>	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		18. SOCIAL SECURITY No. <u>None</u>	
19. CITIZEN OF WHAT COUNTRY <u>USA</u>		20. INFORMANT AND ADDRESS <u>Walter M. Sears - Adamstown, Md.</u>	
19. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
4-20-0 Immediate cause (a) <u>Congestive Heart Failure</u>			Days
Antecedent cause (a) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Arteriosclerotic Heart Disease</u>			Yes.
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Healed, l. cerebral infarct</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. <u>None</u>		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
		HOW DID INJURY OCCUR	
22. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE <u>Robert J. Furie, M.D., Rte 6, Frederick, Md.</u>		DATE SIGNED <u>5/20/55</u>	
23. BURIAL, CREMATION, REINTERMENT (Specify) <u>Burial</u>		DATE THEREOF <u>May 23, 1955</u>	
NAME OF CEMETERY OR CREMATORY <u>Monacacy Cemetery</u>		LOCATION (City, town, or county) (State) <u>Beallsville, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Elizabeth B. Herb.</u>		24. FUNERAL DIRECTOR ADDRESS <u>M. R. Etchison &amp; Son, Frederick, Maryland</u>	

BUREAU V. S.

MAY 24 1955

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH

. 04665

4673

CERTIFICATE OF DEATH  
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH— COUNTY <b>Frederick</b> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED— STATE <b>Maryland</b> COUNTY <b>Frederick</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) <b>Enroute to Hospital</b>		CITY (If outside corporate limits, write RURAL and give nearest town) <b>Adamstown</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Frederick Memorial Hospital</b>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <b>ANNIE</b> (Middle) <b>MARY</b> (Last) <b>SMITH</b>		4. DATE OF DEATH <b>May 8, 1955</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Single</b>	8. DATE OF BIRTH <b>July 4, 1873</b>
9. AGE last birthday <b>81 yrs.</b>		10. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>James Smith</b>		14. MOTHER'S MAIDEN NAME <b>Catherine Keller</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b> (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY No. <b>None</b>	
17. INFORMANT AND ADDRESS <b>R. F. D. 4 Sarah E. Pearl, Frederick, Maryland</b>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <b>420.0 Immediate cause (a) Acute Pulmonary Edema</b> <b>Antecedent cause(s) (b) Arterio-sclerotic heart dis.</b> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			INTERVAL BETWEEN ONSET AND DEATH <b>1 hour(?)</b> <b>10 yrs. +</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> . (Degree or title) ADDRESS DATE SIGNED <b>Charles W. Bradley, Jr. M.D. actual dep. med. exam. Frederick, Maryland 5/9/1955</b>			
23. BURIAL, CREMATION, REMAINS (Specify) <b>Burial</b>		DATE THEREOF <b>May 11, 1955</b> NAME OF CEMETERY OR CREMATORY <b>St. Pauls Cemetery</b> LOCATION (City, town, or county) (State) <b>Jefferson, Maryland</b>	
DATE REC'D BY LOCAL REG. <b>9 May 1955</b>		24. FUNERAL DIRECTOR ADDRESS <b>M. R. Etchison &amp; Son, Frederick, Maryland</b>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THOMAS V. S.



4648

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>TOWN Frederick</u>		LENGTH OF STAY (in this place) <u>Lifetime</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>TOWN Frederick</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>434 North Market Street</u>				STREET ADDRESS (If rural give location) <u>434 North Market Street</u>			
3. NAME OF DECEASED: (First) <u>CORA</u>		(Middle) <u>MAE</u>		(Last) <u>STALEY</u>		4. DATE OF DEATH: (Month) <u>May</u> (Day) <u>12</u> (Year) <u>1955</u>	
5. SEX: <u>Female</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Widowed</u>		8. DATE OF BIRTH: <u>October 13, 1882</u>	
9. AGE last birthday: <u>72</u> yrs.		10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Own home</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13. FATHER'S NAME: <u>William Webster</u>			
14. MOTHER'S MAIDEN NAME: <u>Belle Hauer</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u> (If Yes, give war or dates of service)			
16. SOCIAL SECURITY No.: <u>None</u>				17. INFORMANT & ADDRESS: <u>Mrs. Edward I. Myers - 317 East Third Street - Frederick, Maryland</u>			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause <u>420.0</u> (a) <u>Coronary Thrombosis</u> DUE TO <u>0</u>							
Antecedent cause(s) <u>Coronary Insufficiency</u> (b) <u>5 years</u> DUE TO <u>5 years</u>							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c) <u>Arteriosclerosis Heart Disease</u> <u>5 years</u>							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: <u>✓</u>				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July</u> , 1952, to <u>1.12. May</u> , 1955, that I last saw the deceased alive on <u>12 May</u> , 1955, and that death occurred at <u>1:15 p.m.</u> , from the causes and on the date stated above.							
SIGNATURE <u>Thomas E. Stone</u>				DATE SIGNED <u>4 W 3rd St 5-13-55</u>			
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>May 14, 1955</u>		<u>Mount Olivet Cemetery</u>		<u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS			
<u>13 May 1955</u>		<u>Elizabeth B. Heck</u>		<u>C. E. Cline &amp; Son - 8 East Patrick Street - Frederick, Maryland</u>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U. S. A.



4672

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04667

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
<del>CITY</del> (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Walkersville</u>		<del>CITY</del> (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Walkersville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) (Middle) (Last) <u>LAURA ALBERTA STARNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 5 1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, <del>DIVORCED</del> , (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>April 24 1876</u>
9. AGE last birthday <u>79</u> yrs.		10. AGE last birthday (If under 1 year) (If under 24 hrs.) Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Bruchey</u>		14. MOTHER'S MAIDEN NAME <u>Laura Harshman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT <u>Mrs. Leticia Reamer, Lodiessburg, Md.</u>		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>422.1</u> Immediate cause (a) <u>Subacute pulmonary edema</u> Antecedent cause(s) (b) <u>Interosseleotic cardiovascular disease</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>none</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>10 years</u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1 Aug.</u> , 19 <u>48</u> , to <u>5 May</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5 May</u> , 19 <u>55</u> , and that death occurred at <u>12:45 A.M.</u> , from the causes and on the date stated above.			
SIGNATURE <u>Laura E. Starnes</u>		ADDRESS <u>Walkersville, Md.</u>	
DATE SIGNED <u>5 May 55</u>			
23. BURIAL, CREMATION, REINTERMENT (Specify) <u>Burial</u>		DATE THEREOF <u>5/8/55</u>	
NAME OF CEMETERY OR CREMATORY <u>United Brethren</u>		LOCATION (City, town, or county) (State) <u>Thurmont Md.</u>	
DATE REC'D BY LOCAL REG. <u>6 May 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>	
24. FUNERAL DIRECTOR <u>G.C. Barton</u>		ADDRESS <u>Walkersville, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ROBERT V. S.

4675 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04668  
**CERTIFICATE OF DEATH** Reg. Dist. No. 134

1. PLACE OF DEATH COUNTY <b>Frederick</b> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Rural Nr Emmitsburg</b> LENGTH OF STAY (in this place) <b>50 yrs</b> HOSPITAL OR INSTITUTION OR STREET ADDRESS				2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>md.</b> COUNTY <b>Frederick</b> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Rural Emmitsburg</b> STREET ADDRESS (If rural give location) <b>Keysville</b>			
3. NAME OF DECEASED: (First) (Middle) (Last) <b>Sara C. L. Valentine</b> (Type or Print)				4. DATE (Month) (Day) (Year) OF DEATH <b>May 25 1955</b>			
5. SEX: <b>Female</b>		6. COLOR OR RACE: <b>White</b>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>		8. DATE OF BIRTH: <b>Nov. 29th. 1886</b>	
9. AGE last birthday: <b>68</b> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY: <b>Own Home</b>		9. AGE last birthday: <b>68</b> yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY: <b>Own Home</b>		11. BIRTHPLACE (State or foreign country): <b>Frederick Co. Md</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>				13. FATHER'S NAME: <b>Jacob Baumbardner</b>			
14. MOTHER'S MAIDEN NAME: <b>Adelide Stambaugh</b>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <b>No</b>			
16. SOCIAL SECURITY NO.: <b>No</b>				17. INFORMANT & ADDRESS: <b>Edgar A. Valentine Sr. Janeytown Md</b>			
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <b>541.0 IMMEDIATE CAUSE (A) <u>INTESTINAL OBSTRUCTION</u></b> <b>ANTECEDENT CAUSE (S) DUE TO (B) <u>CHRONIC DUODENAL ULCER</u></b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <b>(C) <u>DIABETES MELLITUS</u></b> <b><u>TERMINAL BRONCHOPNEUMONIA</u></b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 month</b> <b>1 1/2 years</b> <b>years 1 DAY</b>	
19a. DATE OF OPERATION: <b>May 24, 1955</b>				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) <input type="checkbox"/> 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <input type="checkbox"/> 21c. WHERE DID (City or town) (County) (State) INJURY OCCUR? <input type="checkbox"/>					
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>M.</b>		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Aug 14, 1953</b> , to <b>May 25, 1955</b> , that I last saw the deceased alive on <b>May 24, 1955</b> , and that death occurred at <b>9:10 PM</b> , from the causes and on the date stated above. SIGNATURE <b>Charles R Williams</b> ADDRESS <b>Emmitsburg Md</b> DATE SIGNED <b>May 27, 1955</b>							
23. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		DATE THEREOF <b>May 28th. 1955</b>		NAME OF CEMETERY OR CREMATORY <b>Keysville Cem.</b>		LOCATION (City, town, or county) (State) <b>Keysville Md</b>	
DATE REC'D BY LOCAL REGISTRAR <b>May 37-1955</b>		REGISTRAR'S SIGNATURE <b>M. F. Shuff</b>		24. FUNERAL DIRECTOR ADDRESS <b>M.L. Creager &amp; Son. Thurmont. Md</b>			

MARGIN RESERVED FOR BINDING

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U. S.

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

04669

4649

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick		LENGTH OF STAY (in this place) Years		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital				STREET ADDRESS (If rural give location) 118 East Patrick Street			
3. NAME OF DECEASED: (First) (Middle) (Last) GRACE E. V. WALLACE				4. DATE OF DEATH: (Month) (Day) (Year) May 26, 1955			
5. SEX: Female		6. COLOR OR RACE: White		7. <del>SINGLE, MARRIED, WIDOWED, DIVORCED,</del> Widow		8. DATE OF BIRTH: 7 Aug 1883	
9. AGE last birthday: 71 yrs.		10. MONTHS: Days: Hours: Min.		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House-work				10b. KIND OF BUSINESS OR INDUSTRY: Own Home			
13. FATHER'S NAME: George R. Moberly				14. MOTHER'S MAIDEN NAME: Mary Catherine Barnes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY No.: None		17. INFORMANT & ADDRESS: 118 E. Patrick St., Mrs. Lewis A. Kline, Frederick, Maryland			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
Immediate cause (a) Myocardial Infarction, acute						10 hrs.	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized arteriosclerosis						years.	
(c) Diabetes Mellitus						years.	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: 2				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. 1955, to May 26, 1955, that I last saw the deceased alive on May 26, 1955, and that death occurred at 9:25 P.M., from the causes and on the date stated above.							
SIGNATURE Robert S. Turner, M.D.				DATE SIGNED May 26, 1955			
23. BURIAL, CREMATION, or other disposal (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		30 May 1955		Mount Olivet Cemetery		Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
27 May 1955		Elizabeth H. Hersh		M. R. Etchison and Son, Frederick, Maryland			

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U. S. A. 1914



4675

## CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <i>Frederick</i>		MARYLAND		STATE <i>Maryland</i>		COUNTY <i>Fred.</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Rural Myersville</i>		LENGTH OF STAY (in this place) <i>life</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Rural Myersville</i>		<i>X</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Home</i>				STREET ADDRESS (If rural, give location) <i>Dual Highway</i>		<i>1</i>	
3. NAME OF DECEASED: (First) <i>Stephanie</i> (Middle) <i>Lee</i> (Last) <i>Weddle</i>				4. DATE OF DEATH: (Month) <i>May</i> (Day) <i>14</i> (Year) <i>1955</i>			
5. SEX: <i>F</i>		6. COLOR OR RACE: <i>W</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		8. DATE OF BIRTH: <i>May 14, 1955</i>	
9. AGE last birthday: <i>16</i> yrs. <i>1</i> Months <i>1</i> Days <i>30</i> Hours <i>30</i> Min.							
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): <i>md</i>		12. CITIZEN OF WHAT COUNTRY: <i>md</i>	
13. FATHER'S NAME: <i>Woodrow Wilson Weddle</i>				14. MOTHER'S MAIDEN NAME: <i>Mary Viola Jackson</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <i>9</i>		16. SOCIAL SECURITY No.: <i>---</i>		17. INFORMANT'S ADDRESS: <i>mother</i>			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset & Death	
762.5 Immediate cause (a) <i>Asphyxia &amp; anoxia</i>						<i>birth</i>	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) <i>Fetal atelectasis</i>							
(c) <i>Prematurity (6 1/2 mos)</i>							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: <i>0</i>				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
21. ACCIDENT (Specify) <i>---</i>		PLACE (Home, farm, factory, street, office bldg., etc.) <i>---</i>		(CITY OR TOWN) <i>---</i>		(COUNTY) <i>---</i> (STATE) <i>---</i>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <i>---</i>		INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		HOW DID INJURY OCCUR? <i>---</i>			
22. I hereby certify that I attended the deceased from <i>May 14, 1955</i> , to <i>May 14, 1955</i> , that I last saw the deceased alive on <i>May 14, 1955</i> , and that death occurred at <i>11:30 PM</i> , from the causes and on the date stated above.							
SIGNATURE <i>Kenneth C. Benson, M.D.</i>				DATE SIGNED <i>May 15, 1955</i>			
23. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		DATE THEREOF <i>May 15, 1955</i>		NAME OF CEMETERY OR CREMATORY <i>Harmony Church</i>		LOCATION (City, town, or county) <i>The Bethel, Myersville, Md.</i>	
DATE REC'D BY LOCAL REGISTRAR <i>May 15, 1955</i>		REGISTRAR'S SIGNATURE <i>Floy M. Bittle</i>		24. FUNERAL DIRECTOR <i>M. R. Etchison &amp; Son</i>		ADDRESS <i>Frederick, Md.</i>	

1055336343

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAY 18 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
4650 CERTIFICATE OF DEATH

04671

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) 11 Frederick		LENGTH OF STAY (in this place) 48 years		CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick		//	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 824 North Market Street				STREET ADDRESS (If rural give location) 824 North Market Street			
3. NAME OF DECEASED:		(First)		(Middle)		(Last)	
		JESSE		RALPH		YINGLING	
4. DATE OF DEATH:		(Month)		(Day)		(Year)	
		May		14		19 55	
5. SEX:		5. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		8. DATE OF BIRTH:	
Male		White		Married		May 16, 1881	
9. AGE last birthday:		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
73 yrs.		Months		Days		Hours Min.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):				10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
Machinist				Automotive		Maryland	
12. CITIZEN OF WHAT COUNTRY?				USA			
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
John Yingling				Penelope Fuss			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)				16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:	
3 No				214-10-1807		824 North Market Street Mrs. J. R. Yingling - Frederick, Maryland	
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
177X Immediate cause (a) <i>Carcinoma of prostate</i>						4 yrs	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) <i>Metastasis pelvic bones, ribs &amp; liver</i>						6 months	
11. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?	
						Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
SUICIDE		OF INJURY					
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR ?			
22. I hereby certify that I attended the deceased from Jan 5, 1955, to May 16, 1955, that I last saw the deceased alive on May 14, 1955, and that death occurred at 4:15 a.m., from the causes and on the date stated above.							
SIGNATURE <i>E. L. Thomas M.D.</i>				ADDRESS <i>Frederick, Md</i>		DATE SIGNED <i>May 16, 1955</i>	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		May 17, 1955		Frederick Memorial Park		Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
16 May 1955		<i>Elizabeth S. Heik</i>		C. E. Cline & Son - 8 East Patrick Street		Frederick, Maryland	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAY 17 1955

RECEIVED